L/7000/68033

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COVER LETTER

TO: Registration Se Division of Cor			
JCarlos ene			
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Juan Parada		
		Name of Person	
	Jearlos enovations lle		
		Firm/Company	
	1187 e normandy blvd		
		Address	
	Deltona, florida, 32725		
		City/State and Zip Code	
	juan.e.parada53@gmail.eor	n to be used for figure annual report no	
For further information c	oncerning this matter, please c	·	tineation)
Juan Parada		386 2188318 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ie following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCarlos enovations llc			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>.)</u>	
The Articles of Organization for this Limited Liability Company	were filed on august 07 2017	and assigned	
Florida document number L17000168033			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
JCarlos Renovations LLC		2 1	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbrevision "EL.C."	
Enter new principal offices address, if applicable:	631 anderson dr		
(Principal office address MUST BE A STREET ADDRESS)	Deltona fl. 32725	ED HI 24	
		0	
		D 24	
Enter new mailing address, if applicable:	631 anderson dr		
(Mailing address MAY BE A POST OFFICE BOX)	Deltona tl, 32725		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Flo		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Pernove
			Change
			☐ Remove
			☐ Change
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			Reimer T
			Add 7 AUG Reng 15 PL FD
			☐ Remove
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fective date, if other n effective date is listed, there. If the date inserted cument's effective date	e date must be specific in this block does r	and cannot be prior or meet the application.	to date of filing or nable statutory filin	(optio nore than 90 days after g requirements, this	onal) filing.) Pursuant to 605,0207 date will not be listed as
record specifies a he 90th day after	delayed effective the record is file	ve date, but no ed.	ot an effective	time, at 12:01 a	i.m. on the earlier of
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Page 3 of 3

Filing Fee: \$25.00